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## BIB DATA SHEET

CONFIRMATION NO. 4189

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/721,764	11/25/2003	623	3738	055722.000100.04USCP		
<b>RULE</b>						
<b>APPLICANTS</b> Stephane Bedard, Saint-Augustin-de-Desmaures, CANADA; Pierre-Olivier Roy, Sainte-Foy, CANADA; <b>** CONTINUING DATA *****</b> This application is a CIP of 10/463,495 06/17/2003 PAT 7,314,490 and claims benefit of 60/453,556 03/11/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/25/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/DAVID H WILLSE/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWINGS</b> 17	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> POLSINELLI SHUGHART PC 700 W. 47TH STREET SUITE 1000 KANSAS CITY, MO 64112-1802 UNITED STATES						
<b>TITLE</b> Actuated prosthesis for amputees						
<b>FILING FEE RECEIVED</b> 1152	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		